

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/019513
FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1		1	
2						
3						
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10						
11			1			
12			1			
13			1			
14			1			
15			1		1	
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50						
TOTAL IND.			6		1	
TOTAL DEP.			19		6	
TOTAL CLAIMS			25			

*	*	*	*
IND.	DEP.	IND.	DEP.
51			
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98			
99			
100			
TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS